

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/049782**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/										
2		/		/			51						
3		/		/			52						
4		/		/			53						
5		/		/			54						
6		2		/			55						
7		2		/			56						
8		2		/			57						
9		2		/			58						
10				/			59						
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44							93						
45							94						
46							95						
47							96						
48							97						
49							98						
50							99						
TOTAL IND.	1						100						
TOTAL DEP.	12		9				TOTAL IND.						
TOTAL CLAIMS	13		10				TOTAL DEP.						
							TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS